

CITY OF LINCOLN
2004-2005 HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE NOVEMBER 1, 2004
EMPLOYEES REPRESENTED BY LCEA, M, E, DSS

UNITED HEALTHCARE

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$442.16	\$980.44	\$1,301.56
City Share	<u>\$420.06</u>	<u>\$803.96</u>	<u>\$1,067.28</u>
Employee Share*	\$ 22.10	\$176.48	\$ 234.28

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 27.46	\$ 54.62	\$ 81.78
City Share	<u>\$ 18.12</u>	<u>\$ 36.05</u>	<u>\$ 53.97</u>
Employee Share*	\$ 9.34	\$ 18.57	\$ 27.81

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
Employee Share	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health, dental, and vision coverage.
They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.